IN THE UNITED STATES PATENT AND TRADEMARK OFFICE						
	om 0 3 2000)	Art Unit:	1744 OLSEN K			

In re applic	ation of:
Edward SH	IANBROM
Serial No:	09/315,688

Filed: May 20, 1999

METHOD FOR QUANTIFYING AND

LEVELS IN FOOD AND MEDICAL SP

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents Washington D.C. 20231, on September 27, 2000 Date of Deposit Stefan J. Kirchanski,

Signature

Ш	Small entity status of this applicati statement previously submitted.	on under 37 C.F.R. 1.9	and 1.27 has been	established by	a verified
	A verified statement to establish sma A certified copy of Patent Applie				35 U.S.C.
	§ 119 is enclosed.		- · · · · · · · · · · · · · · · · · · ·	J.F.	
\boxtimes	A Change Of Correspondence Address No additional fee is required.	ess is enclosed.		1700	e R
The	fee has been calculated as shown bel	ow:			
	(Col. 1)	(Col. 2)	(Col. 3)	75	

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUME PREVIOUSLY PAII		(Col. 3) PRESENT EXTRA*	LG/S \$ ENTIT		11.5	D'L ⊒ DUĒ
TOTAL CLAIMS FEE	5	-	20	**	0	LG=\$18 SM=\$9	000	\$	0
INDEPENDENT CLAIMS FEE	3	1-1	3	***	0	LG=\$78 SM=\$39	\$ 3	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$260 SMALL ENTITY FEE = \$130						\$	0		
				•			TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$____0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

A check in the amount of \$____0 to cover the extension fee is enclosed. A copy of this sheet is

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted. **HOGAN & HARTSON L.L.P.**

Date: September 27, 2000

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